

Strategic Benefit Coverage Exclusions¹

This is a comprehensive list of medications currently not covered under the pharmacy benefit. We do not make the decision to exclude medications from benefit coverage lightly. A medication is only excluded when it offers no clinical value over other options in its class and its exclusion can be leveraged to achieve significant savings for our customers while preserving affordable choices for members. This medication is excluded for the majority of benefit plans.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Updated 8/29/2022

Medication Name	Brand and/or Generic ²	Therapeutic Use	Alternative Treatment Option(s)
Benadryl	Brand & Generic	Allergies	OTC Benadryl
Benzac, Desquam, Panoxyl, Brevoxyl	Brand & Generic	Acne	OTC benzoyl peroxide
Histex	Brand & Generic	Allergies	n/a
Imodium	Brand & Generic	Diarrhea	OTC Imodium
Lac-Hydrin 12%	Brand & Generic	Skin conditions	OTC Lac-Hydrin
Lotrimin 1%	Brand & Generic	Infections	OTC Lotrimin
Meclizine	Brand & Generic	Motion sickness	OTC Meclizine
Motrin Suspension, Pedia-Profen	Brand & Generic	Pain & inflammation	OTC Motrin
Prilosec Capsules	Multi-Source Brand	Ulcers, heartburn & reflux	omeprazole (generic Prilosec), pantoprazole (generic Protonix), rabeprazole (generic Aciphex), OTC - Nexium
Pepcid Tablets	Brand & Generic	Ulcers, heartburn & reflux	24 HR, Prilosec OTC, Prevacid 24 HR, Zegerid OTC
Axid Capsules	Brand & Generic	Ulcers, heartburn & reflux	OTC Pepcid AC
Zantac Capsules/Tablets	Brand & Generic	Ulcers, heartburn & reflux	OTC Pepcid AC, OTC Zantac
Prevacid Capsules	Brand & Generic	Ulcers, heartburn & reflux	OTC Zantac
Clarinet	Brand & Generic	Allergies	omeprazole (generic Prilosec), pantoprazole (generic Protonix), rabeprazole (generic Aciphex), OTC - Nexium
Clarinet-D	Brand & Generic	Allergies	24 HR, Prilosec OTC, Prevacid 24 HR, Zegerid OTC
Nexium Capsules	Brand & Generic	Ulcers, heartburn & reflux	levocetirizine (generic Xyzal), OTC - Allegra, Claritin, Xyzal, Zyrtec
Zyrtec Tablet	Brand & Generic	Allergies	levocetirizine (generic Xyzal) + OTC pseudoephedrine (generic Sudafed); OTC - Allegra D, Claritin D, Zyrtec D
Doryx	Brand & Generic	Acne	omeprazole (generic Prilosec), pantoprazole (generic Protonix), rabeprazole (generic Aciphex), OTC - Nexium
Caduet	Brand & Generic	High blood pressure/Cholesterol/Lipid lowering	24 HR, Prilosec OTC, Prevacid 24 HR, Zegerid OTC
			OTC Zyrtec
			doxycycline hyclate (generic Vibramycin), doxycycline monohydrate 50 mg or 100 mg (generic Monodox)
			amlodipine (geneic Norvasc) plus atorvastatin (generic Lipitor)

Strategic Benefit Coverage Exclusions¹

This is a comprehensive list of medications currently not covered under the pharmacy benefit. We do not make the decision to exclude medications from benefit coverage lightly. A medication is only excluded when it offers no clinical value over other options in its class and its exclusion can be leveraged to achieve significant savings for our customers while preserving affordable choices for members. This medication is excluded for the majority of benefit plans.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Updated 8/29/2022

Medication Name	Brand and/or Generic ²	Therapeutic Use	Alternative Treatment Option(s)
Coreg CR	Brand & Generic	High blood pressure/Heart failure	carvedilol immediate-release (generic Coreg)
Genotropin	Single Source Brand	Growth hormone	Norditropin Flexpro, Nutropin AQ NuSpin
Humatrope	Single Source Brand	Growth hormone	Norditropin Flexpro, Nutropin AQ NuSpin
Omnitrope	Single Source Brand	Growth hormone	Norditropin Flexpro, Nutropin AQ NuSpin
Requip XL	Brand & Generic	Parkinson's disease	ropinirole immediate-release (generic Requip)
Treximet	Brand & Generic	Migraines	naproxen tablets (generic Naprosyn) plus sumatriptan (generic Imitrex)
Adoxa tablet	Multi-Source Brand	Acne	doxycycline hyclate (generic Vibramycin), doxycycline monohydrate 50 mg or 100 mg (generic Monodox)
Soma 250	Brand & Generic	Muscle relaxant	carisoprodol (generic Soma 350mg)
Clobex Shampoo	Brand & Generic	Skin conditions	betamethasone 0.05% augmented gel (generic Diprolene), clobetasol propionate 0.05% gel (generic Temovate), clobetasol 0.05% solution (generic Temovate)
Amrix	Brand & Generic	Muscle relaxant	cyclobenzaprine 5 mg, 10 mg (generic Flexeril)
Asacol HD Tablet	Brand & Generic	Inflammatory bowel disease	balsalazide (generic Colazal), sulfasalazine (generic Azulfidine), Apriso, Lialda
Augmentin XR	Brand & Generic	Infections	amoxicillin/clavulanic acid (generic Augmentin)
Detrol LA	Brand & Generic	Overactive bladder	oxybutynin (generic Ditropan), oxybutynin extended-release (generic Ditropan XL), solifenacin (generic Vesicare), tolterodine (generic Detrol), trospium (generic Sanctura), Oxytrol OTC

Strategic Benefit Coverage Exclusions¹

This is a comprehensive list of medications currently not covered under the pharmacy benefit. We do not make the decision to exclude medications from benefit coverage lightly. A medication is only excluded when it offers no clinical value over other options in its class and its exclusion can be leveraged to achieve significant savings for our customers while preserving affordable choices for members. This medication is excluded for the majority of benefit plans.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Updated 8/29/2022

Medication Name	Brand and/or Generic ²	Therapeutic Use	Alternative Treatment Option(s)
Flector (diclofenac patch)	Brand & Authorized Brand Alternative	Pain & inflammation	OTC Voltaren Arthritis Pain 1% gel
Xopenex Nebs	Multi-Source Brand	Asthma	albuterol nebs (generic Proventil), levalbuterol (generic Xopenex Nebs)
Provigil	Multi-Source Brand	Narcolepsy	modafinil (generic Provigil)
Ryzolt (brand only)	Brand	Pain	tramadol (generic Ultram), tramadol biphasic 24hr extended-release tablet (generic Ryzolt), tramadol extended-release (generic Ultram XR)
Ziana	Brand & Generic	Acne	clindamycin solution (generic Cleocin-T) plus tretinoin cream (generic Retin-A) or OTC Differin 0.1%
Extavia	Single Source Brand	Multiple Sclerosis	glatiramer acetate [Glatopa (generic Copaxone)], Avonex, Betaseron
Kadian (brand only)	Brand	Pain	Plegridy
metoclopramide orally disintegrating tablet (Metozolv ODT)	Brand & Generic	Reflux	morphine sulfate extended-release tablet (generic MS Contin), morphine sulfate extended-release (generic Kadian)
Naprelan	Brand & Generic	Pain & inflammation	metoclopramide (generic Reglan)
Twynsta	Brand & Generic	High blood pressure	naproxen tablets (generic Naprosyn, generic Anaprox DS), OTC naproxen (Aleve)
Allegra	Brand & Generic	Allergies	amlodipine/valsartan (generic Exforge) or amlodipine (generic Norvasc)
Androgel	Brand & Generic	Testosterone replacement	PLUS telmisartan (generic Micardis)
Aricept 23mg	Brand & Generic	Alzheimer's disease	OTC Allegra
			Androderm, Testim
			donepezil 10 mg (generic Aricept)

Strategic Benefit Coverage Exclusions¹

This is a comprehensive list of medications currently not covered under the pharmacy benefit. We do not make the decision to exclude medications from benefit coverage lightly. A medication is only excluded when it offers no clinical value over other options in its class and its exclusion can be leveraged to achieve significant savings for our customers while preserving affordable choices for members. This medication is excluded for the majority of benefit plans.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Updated 8/29/2022

Medication Name	Brand and/or Generic ²	Therapeutic Use	Alternative Treatment Option(s)
epinastine 0.05% ophthalmic solution (Elestat)	Brand & Generic	Allergies	OTC azelastine (Astepro Allergy), OTC ketotifen (Zaditor), OTC olopatadine (Pataday), azelastine ophthalmic solution (generic Optivar), olopatadine 0.1% ophthalmic solution (generic Patanol), Lastacaft
Mirapex ER	Brand & Generic	Parkinson's disease	pramipexole immediate-release (generic Mirapex)
Pataday	Brand & Generic	Allergies	OTC azelastine (Astepro Allergy), OTC ketotifen (Zaditor), OTC olopatadine (Pataday), azelastine ophthalmic solution (generic Optivar), olopatadine 0.1% ophthalmic solution (generic Patanol), Lastacaft
diclofenac sodium 1.5% topical solution (generic Pennsaid)	Generic Only	Pain & inflammation	OTC Voltaren Arthritis Pain 1% gel
Zyclara	Brand & Generic	Skin Conditions	imiquimod (generic Aldara)
Patanol	Multi-Source Brand	Allergies	OTC azelastine (Astepro Allergy), OTC ketotifen (Zaditor), OTC olopatadine (Pataday), azelastine ophthalmic solution (generic Optivar), olopatadine 0.1% ophthalmic solution (generic Patanol), Lastacaft
Tricor 48 mg (brand & generic) and 145 mg (multisource brand)	Brand & Generic/Multi-source Brand	Cholesterol/Lipid lowering	fenofibrate 54 mg, 145 mg, 160 mg tablet (generic Lofibra, Tricor, Triglide)
Trilipix	Brand & Generic	Cholesterol/Lipid lowering	fenofibrate 54 mg, 145 mg, 160 mg tablet (generic Lofibra, Tricor, Triglide)
Beyaz	Brand & Generic	Contraceptive	Yaz + folic acid
Ciclodan Kit	Brand & Generic	Infections	ciclopirox solution (generic Loprox)

Strategic Benefit Coverage Exclusions¹

This is a comprehensive list of medications currently not covered under the pharmacy benefit. We do not make the decision to exclude medications from benefit coverage lightly. A medication is only excluded when it offers no clinical value over other options in its class and its exclusion can be leveraged to achieve significant savings for our customers while preserving affordable choices for members. This medication is excluded for the majority of benefit plans.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Updated 8/29/2022

Medication Name	Brand and/or Generic ²	Therapeutic Use	Alternative Treatment Option(s)
Jalyn	Brand & Generic	Benign Prostatic Hypertrophy	dutasteride (generic Avodart) PLUS tamsulosin (generic Flomax)
Nitrolingual PumpSpray	Brand & Generic	Chest pain	nitroglycerin spray (generic NitroMist), nitroglycerin sublingual tablets (generic Nitrostat)
omeprazole sodium bicarbonate capsules (generic Zegerid capsules)	Generic Only	Ulcers, heartburn & reflux	omeprazole (generic Prilosec), pantoprazole (generic Protonix), rabeprazole (generic Aciphex), OTC - Nexium 24 HR, Prilosec OTC, Prevacid 24 HR, Zegerid OTC
Safyral	Brand & Generic	Contraceptive	Yasmin + folic acid
Tribenzor	Brand & Generic	High blood pressure	amlodipine (generic Norvasc) PLUS olmesartan/HCTZ (generic Benicar HCT)
Umecta	Brand & Generic	Skin Conditions	urea 40%
Xerese	Single Source Brand	Infections	acyclovir capsule/tablet (generic Zovirax) famciclovir tablet (generic Famvir), valacyclovir tablet (generic Valtrex), OTC Abreva
Alsuma	Multi-Source Brand	Migraines	sumatriptan (generic Imitrex)
Sumaxin TS	Brand & Generic	Acne	sodium sulfacetamide/sulfur 10-5%
Atelvia	Brand & Generic	Osteoporosis	alendronate (generic Fosamax), ibandronate (generic Boniva), risedronate (generic Actonel)
Fortesta	Brand & Generic	Testosterone replacement	Androderm, Testim
Kapvay	Multi-Source Brand	ADHD	guanfacine extended-release (generic Intuniv)
Axiron	Brand & Generic	Testosterone replacement	Androderm, Testim

Strategic Benefit Coverage Exclusions¹

This is a comprehensive list of medications currently not covered under the pharmacy benefit. We do not make the decision to exclude medications from benefit coverage lightly. A medication is only excluded when it offers no clinical value over other options in its class and its exclusion can be leveraged to achieve significant savings for our customers while preserving affordable choices for members. This medication is excluded for the majority of benefit plans.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Updated 8/29/2022

Medication Name	Brand and/or Generic ²	Therapeutic Use	Alternative Treatment Option(s)
Duac	Multi-Source Brand	Acne	clindamycin 1.2%/benzoyl peroxide 5% gel (generic Duac), clindamycin solution (generic Cleocin-T) plus OTC benzoyl peroxide
Bepreve	Brand & Generic	Allergies	OTC azelastine (Astepro Allergy), OTC ketotifen (Zaditor), OTC olopatadine (Pataday), azelastine ophthalmic solution (generic Optivar), olopatadine 0.1% ophthalmic solution (generic Patanol), Lastacaft
Clindagel	Brand & Generic	Acne	clindamycin 1% gel, solution (generic Cleocin T)
Exforge	Multi-Source Brand	High blood pressure	amlodipine/valsartan (generic Exforge)
Generess FE	Brand & Generic	Contraceptive	norethindrone/ethinyl estradiol FE 1/0.02 mg [Aurovela FE, Blisovi FE, Gildess FE, Hailey FE, Junel FE, Larin FE, Microgestin FE, Tarina FE (branded generics for Loestrin FE)]
Lipitor	Multi-Source Brand	Cholesterol/Lipid lowering	atorvastatin (generic Lipitor)
Metrogel 1%	Brand & Generic	Rosacea	metronidazole 0.75% gel (generic Metrogel)
Skelaxin	Multi-Source Brand	Muscle relaxant	cyclobenzaprine 5 mg, 10 mg (generic Flexeril), chlorzoxazone (generic Parafon Forte DSC), metaxalone (generic Skelaxin), methocarbamol (generic Robaxin)
Zegerid capsule	Brand	Ulcers, heartburn & reflux	omeprazole (generic Prilosec), pantoprazole (generic Protonix), rabeprazole (generic Aciphex), OTC - Nexium 24 HR, Prilosec OTC, Prevacid 24 HR, Zegerid OTC
Astelin	Multi-Source Brand	Allergies	OTC azelastine (Astepro Allergy), azelastine 0.1% nasal spray (generic Astelin)
Optivar	Multi-Source Brand	Allergies	OTC azelastine (Astepro Allergy), OTC ketotifen (Zaditor), OTC olopatadine (Pataday), azelastine ophthalmic solution (generic Optivar), olopatadine 0.1% ophthalmic solution (generic Patanol), Lastacaft

Strategic Benefit Coverage Exclusions¹

This is a comprehensive list of medications currently not covered under the pharmacy benefit. We do not make the decision to exclude medications from benefit coverage lightly. A medication is only excluded when it offers no clinical value over other options in its class and its exclusion can be leveraged to achieve significant savings for our customers while preserving affordable choices for members. This medication is excluded for the majority of benefit plans.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Updated 8/29/2022

Medication Name	Brand and/or Generic ²	Therapeutic Use	Alternative Treatment Option(s)
Ambien	Multi-Source Brand	Sleep	zolpidem (generic Ambien)
Ambien CR	Multi-Source Brand	Sleep	zolpidem (generic Ambien), zolpidem extended-release (generic Ambien CR)
Intermezzo	Brand & Generic	Sleep	zolpidem (generic Ambien)
Actiq	Multi-Source Brand	Cancer pain	fentanyl citrate lozenges (generic Actiq), Lazanda
Astepro	Brand & Generic	Allergies	OTC azelastine (Astepro Allergy), azelastine 0.1% nasal spray (generic Astelin)
Azor	Brand & Generic	High blood pressure	amlodipine/valsartan (generic Exforge) or amlodipine (generic Norvasc) PLUS olmesartan (generic Benicar)
Cosopt PF	Brand & Generic	Glaucoma	dorzolamide/timolol (generic Cosopt)
Diovan HCT	Multi-Source Brand	High blood pressure	valsartan/hydrochlorothiazide (generic Diovan HCT)
Dymista	Brand & Generic	Allergies	fluticasone (generic Flonase), azelastine 0.1% (generic Astelin), OTC - Flonase, Nasacort, Rhinocort, Astepro Allergy
Effexor XR	Multi-Source Brand	Mental health	venlafaxine extended-release capsule (generic Effexor XR)
Entocort EC	Multi-Source Brand	Inflammatory bowel disease	budesonide (generic Entocort EC)
Flomax	Multi-Source Brand	Benign Prostatic Hypertrophy	tamsulosin (generic Flomax)
Lexapro	Multi-Source Brand	Mental health	escitalopram (generic Lexapro)
Natroba	Multi-Source Brand	Lice/Scabbies	malathion (generic Ovide), permethrin (generic Elimite), spinosad (generic Natroba)

Strategic Benefit Coverage Exclusions¹

This is a comprehensive list of medications currently not covered under the pharmacy benefit. We do not make the decision to exclude medications from benefit coverage lightly. A medication is only excluded when it offers no clinical value over other options in its class and its exclusion can be leveraged to achieve significant savings for our customers while preserving affordable choices for members. This medication is excluded for the majority of benefit plans.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Updated 8/29/2022

Medication Name	Brand and/or Generic ²	Therapeutic Use	Alternative Treatment Option(s)
Percocet	Multi-Source Brand	Pain	acetaminophen/oxycodone (generic Percocet)
Plavix	Multi-Source Brand	Stroke & heart attack prevention	clopidogrel (generic Plavix)
Protonix	Multi-Source Brand	Ulcers, heartburn & reflux	pantoprazole (generic Protonix)
Prozac	Multi-Source Brand	Mental health	fluoxetine capsules (generic Prozac)
Singulair Chewable Tablet	Multi-Source Brand	Allergies	montelukast chewable tablet (generic Singulair)
Singulair Tablet	Multi-Source Brand	Allergies	montelukast tablet (generic Singulair)
Sumadan	Brand & Generic	Acne	sulfacetamide sodium/sulfur 10-5%
Sumadan Kit	Brand & Generic	Acne	sodium sulfacetamide/sulfur 10-5%
Valtrex	Multi-Source Brand	Infections	valacyclovir (generic Valtrex)
Virasal	Brand & Generic	Wart removal	salicylic acid OTC
Wellbutrin SR	Multi-Source Brand	Mental health	bupropion extended-release (generic Wellbutrin SR)
Wellbutrin XL	Multi-Source Brand	Mental health	bupropion extended-release (generic Wellbutrin XL)
Zoloft	Multi-Source Brand	Mental health	sertraline (generic Zoloft)
Monodox	Multi-Source Brand	Infections	doxycycline hyclate (generic Morgidox, Vibramycin), doxycycline monohydrate 50 mg or 100 mg (generic Monodox)
Absorica	Brand & Generic	Acne	isotretinoin [Amnesteem, Claravis, Myorisan, Zenatane (branded generics for Accutane)]

Strategic Benefit Coverage Exclusions¹

This is a comprehensive list of medications currently not covered under the pharmacy benefit. We do not make the decision to exclude medications from benefit coverage lightly. A medication is only excluded when it offers no clinical value over other options in its class and its exclusion can be leveraged to achieve significant savings for our customers while preserving affordable choices for members. This medication is excluded for the majority of benefit plans.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Updated 8/29/2022

Medication Name	Brand and/or Generic ²	Therapeutic Use	Alternative Treatment Option(s)
Actos	Multi-Source Brand	Diabetes	pioglitazone (generic Actos)
Adderall	Multi-Source Brand	ADHD	amphetamine/dextroamphetamine immediate-release (generic Adderall)
amphetamine/dextroamphetamine extended-release (generic Adderall XR)	Generic Only	ADHD	Adderall XR
Arimidex	Multi-Source Brand	Cancer	anastrozole (generic Arimidex)
Ativan	Multi-Source Brand	Anxiety	lorazepam (generic Ativan)
Benzaclin jar	Brand & Generic	Acne	clindamycin 1.2%/benzoyl peroxide 5% gel (generic Duac), clindamycin solution (generic Cleocin-T) plus OTC benzoyl peroxide
Benzaclin pump	Brand & Generic	Acne	clindamycin 1.2%/benzoyl peroxide 5% gel (generic Duac), clindamycin solution (generic Cleocin-T) plus OTC benzoyl peroxide
Celexa	Multi-Source Brand	Mental health	citalopram (generic Celexa)
Delzicol	Brand & Generic	Inflammatory bowel disease	Apriso, Lialda
Detrol	Multi-Source Brand	Overactive bladder	oxybutynin (generic Ditropan), oxybutynin extended-release (generic Ditropan XL), solifenacin (generic Vesicare), tolterodine (generic Detrol), trospium (generic Sanctura), Oxytrol OTC
Enablex	Brand & Generic	Overactive bladder	oxybutynin (generic Ditropan), oxybutynin extended-release (generic Ditropan XL), solifenacin (generic Vesicare), tolterodine (generic Detrol), trospium (generic Sanctura), Oxytrol OTC
Femara	Multi-Source Brand	Cancer	letrozole (generic Femara)
Geodon	Multi-Source Brand	Mental health	ziprasidone (generic Geodon)

Strategic Benefit Coverage Exclusions¹

This is a comprehensive list of medications currently not covered under the pharmacy benefit. We do not make the decision to exclude medications from benefit coverage lightly. A medication is only excluded when it offers no clinical value over other options in its class and its exclusion can be leveraged to achieve significant savings for our customers while preserving affordable choices for members. This medication is excluded for the majority of benefit plans.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Updated 8/29/2022

Medication Name	Brand and/or Generic ²	Therapeutic Use	Alternative Treatment Option(s)
Imitrex injection & tablets	Multi-Source Brand	Migraines	sumatriptan injection, tablets (generic Imitrex)
Locoid Lipocream	Brand & Generic	Skin Conditions	hydrocortisone butyrate (generic Locoid)
Locoid Lotion	Brand & Generic	Skin Conditions	hydrocortisone butyrate (generic Locoid), triamcinolone acetonide 0.1% lotion (generic Kenalog lotion)
Maxalt	Multi-Source Brand	Migraines	rizatriptan (generic Maxalt), rizatriptan orally disintegrating tablet (generic Maxalt MLT)
Maxalt-MLT	Multi-Source Brand	Migraines	rizatriptan (generic Maxalt), rizatriptan orally disintegrating tablet (generic Maxalt MLT)
Oxytrol	Single Source Brand	Overactive bladder	oxybutynin (generic Ditropan), oxybutynin extended-release (generic Ditropan XL), solifenacin (generic Vesicare), tolterodine (generic Detrol), trospium (generic Sanctura), Oxytrol OTC
Pentasa	Single Source Brand	Inflammatory bowel disease	Apriso, Lialda
Prevpac	Brand & Generic	Ulcers due to H. pylori	Omeclamox-Pak, Pylera
Rayos	Single Source Brand	Oral steroid	prednisone
Retin-A Micro	Brand & Generic	Acne	OTC Differin 0.1% gel, tretinoin cream (generic Retin-A)
Revatio	Multi-Source Brand	Pulmonary hypertension	sildenafil (generic Revatio)
Risperdal	Multi-Source Brand	Mental health	risperidone (generic Risperdal)
Sanctura	Multi-Source Brand	Overactive bladder	oxybutynin (generic Ditropan), oxybutynin extended-release (generic Ditropan XL), solifenacin (generic Vesicare), tolterodine (generic Detrol), trospium (generic Sanctura), Oxytrol OTC

Strategic Benefit Coverage Exclusions¹

This is a comprehensive list of medications currently not covered under the pharmacy benefit. We do not make the decision to exclude medications from benefit coverage lightly. A medication is only excluded when it offers no clinical value over other options in its class and its exclusion can be leveraged to achieve significant savings for our customers while preserving affordable choices for members. This medication is excluded for the majority of benefit plans.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Updated 8/29/2022

Medication Name	Brand and/or Generic ²	Therapeutic Use	Alternative Treatment Option(s)
Sanctura XR	Brand & Generic	Overactive bladder	oxybutynin (generic Ditropan), oxybutynin extended-release (generic Ditropan XL), solifenacin (generic Vesicare), tolterodine (generic Detrol), trospium (generic Sanctura), Oxytrol OTC
Seroquel	Multi-Source Brand	Mental health	quetiapine (generic Seroquel)
Valium	Multi-Source Brand	Anxiety	diazepam (generic Valium)
Vesicare	Multi-Source Brand	Overactive bladder	oxybutynin (generic Ditropan), oxybutynin extended-release (generic Ditropan XL), solifenacin (generic Vesicare), tolterodine (generic Detrol), trospium (generic Sanctura), Oxytrol OTC
Xanax	Multi-Source Brand	Anxiety	alprazolam (generic Xanax)
Xanax XR	Multi-Source Brand	Anxiety	alprazolam extended-release (generic Xanax XR)
Zovirax Ointment	Multi-Source Brand	Infections	acyclovir ointment (generic Zovirax), acyclovir capsule/tablet (generic Zovirax) famciclovir tablet (generic Famvir), valacyclovir tablet (generic Valtrex)
Zyprexa	Multi-Source Brand	Mental health	olanzapine (generic Zyprexa)
Zyprexa Zydis	Multi-Source Brand	Mental health	olanzapine (generic Zyprexa), olanzapine orally disintegrating tablet (generic Zyprexa Zydis)
Aciphex	Multi-Source Brand	Ulcers, heartburn & reflux	rabeprazole (generic Aciphex)
Cymbalta	Multi-Source Brand	Mental health	duloxetine (generic Cymbalta), venlafaxine ER capsules (generic Effexor ER)
Focalin XR	Multi-Source Brand	ADHD	dexmethylphenidate extended-release capsules (generic Focalin XR), methylphenidate extended-release capsules (generic Metadate CD, Ritalin LA), Adderall XR, Concerta
Intuniv	Multi-Source Brand	ADHD	guanfacine extended-release (generic Intuniv)

Strategic Benefit Coverage Exclusions¹

This is a comprehensive list of medications currently not covered under the pharmacy benefit. We do not make the decision to exclude medications from benefit coverage lightly. A medication is only excluded when it offers no clinical value over other options in its class and its exclusion can be leveraged to achieve significant savings for our customers while preserving affordable choices for members. This medication is excluded for the majority of benefit plans.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Updated 8/29/2022

Medication Name	Brand and/or Generic ²	Therapeutic Use	Alternative Treatment Option(s)
Lidoderm	Multi-Source Brand	Pain	lidocaine transdermal patch (generic Lidoderm), ZTLido
Luxiq	Brand & Generic	Skin Conditions	betamethasone lotion (generic Valisone)
methylphenidate extended-release tablet (generic Concerta)	Generic Only	ADHD	Concerta
Minastrin 24 FE (brand only)	Brand	Contraceptive	Charlotte 24 FE, Melodetta 24 FE, Mibelas 24 FE, norethindrone/ethinyl estradiol FE 1/0.02 mg chewable tablet (generic Minastrin 24 FE)
Nasacort AQ	Brand & Generic	Allergies	flunisolide (generic Nasarel), fluticasone (generic Flonase), Zetonna, OTC - Flonase, Nasacort, Rhinocort
Nasonex	Brand & Generic	Allergies	flunisolide (generic Nasarel), fluticasone (generic Flonase), Zetonna, OTC - Flonase, Nasacort, Rhinocort
Rhinocort Aqua	Brand & Generic	Allergies	flunisolide (generic Nasarel), fluticasone (generic Flonase), Zetonna, OTC - Flonase, Nasacort, Rhinocort
Ritalin LA	Multi-Source Brand	ADHD	methylphenidate extended-release capsules (generic Metadate CD, Ritalin LA), Adderall XR, Concerta
Suboxone Film	Multi-Source Brand	Opioid dependence	buprenorphine/naloxone (generic Suboxone), Zubsolv
Suboxone Tablets	Multi-Source Brand	Opioid dependence	buprenorphine/naloxone (generic Suboxone), Zubsolv
Tobi nebulized solution	Brand & Generic	Supportive care for Cystic Fibrosis	tobramycin 300 mg/4 mL (generic Bethkis), Tobi Podhaler
Vanos	Brand & Generic	Skin Conditions	fluocinonide 0.05% (generic Lidex)
Xodol/Vicodin/Vicodin ES/Vicodin HP	Brand & Generic	Pain	hydrocodone/acetaminophen 5/325 mg (generic Norco), hydrocodone/acetaminophen 7.5/325 mg generic Norco), hydrocodone/acetaminophen 10/325 mg (generic Norco)

Strategic Benefit Coverage Exclusions¹

This is a comprehensive list of medications currently not covered under the pharmacy benefit. We do not make the decision to exclude medications from benefit coverage lightly. A medication is only excluded when it offers no clinical value over other options in its class and its exclusion can be leveraged to achieve significant savings for our customers while preserving affordable choices for members. This medication is excluded for the majority of benefit plans.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Updated 8/29/2022

Medication Name	Brand and/or Generic ²	Therapeutic Use	Alternative Treatment Option(s)
Zenzedi	Brand & Generic	ADHD	amphetamine/dextroamphetamine (generic Adderall), dextroamphetamine (generic Dexedrine)
Antara 43 mg, 130 mg	Brand & Generic	Cholesterol/Lipid lowering	fenofibrate 54 mg, 145 mg, 160 mg tablet (generic Lofibra, Tricor, Triglide)
Avelox tablet	Multi-Source Brand	Infections	moxifloxacin tablets (generic Avelox)
Brisdelle	Brand & Generic	Symptoms associated with menopause	estradiol (generic Estrace), paroxetine (generic Paxil), paroxetine extended-release (generic Paxil CR)
Clobex Lotion	Brand & Generic	Skin Conditions	betamethasone 0.05% augmented gel (generic Diprolene), clobetasol propionate 0.05% gel (generic Temovate), clobetasol 0.05% solution (generic Temovate)
Cloderm cream	Multi-Source Brand	Skin Conditions	clocortolone 0.1% cream (generic Cloderm), mometasone furoate cream 0.1% (generic Elocon)
Ertaczo	Single Source Brand	Infections	ciclopirox (generic Loprox), econazole (generic Spectazole), ketoconazole (generic Nizoral), OTC - clotrimazole, miconazole, terbinafine
Evista	Multi-Source Brand	Osteoporosis	raloxifene tablet (generic Evista)
Fenoglide	Brand & Generic	Cholesterol/Lipid lowering	fenofibrate 54 mg, 145 mg, 160 mg tablet (generic Lofibra, Tricor, Triglide)
Fioricet with Codeine 50 mg/300 mg/40 mg/30 mg	Brand & Generic	Pain	butalbital/acetaminophen/caffeine/codeine phosphate 50 mg/325 mg/40 mg/30 mg (generic Fioricet with Codeine)
Lipofen	Brand & Generic	Cholesterol/Lipid lowering	fenofibrate 54 mg, 145 mg, 160 mg tablet (generic Lofibra, Tricor, Triglide)
Lofibra capsules	Brand & Generic	Cholesterol/Lipid lowering	fenofibrate 54 mg, 145 mg, 160 mg tablet (generic Lofibra, Tricor, Triglide)
Lovaza	Multi-Source Brand	Cholesterol/Lipid lowering	omega-3-acid ethyl esters (generic Lovaza)

Strategic Benefit Coverage Exclusions¹

This is a comprehensive list of medications currently not covered under the pharmacy benefit. We do not make the decision to exclude medications from benefit coverage lightly. A medication is only excluded when it offers no clinical value over other options in its class and its exclusion can be leveraged to achieve significant savings for our customers while preserving affordable choices for members. This medication is excluded for the majority of benefit plans.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Updated 8/29/2022

Medication Name	Brand and/or Generic ²	Therapeutic Use	Alternative Treatment Option(s)
Lunesta	Multi-Source Brand	Sleep	eszopiclone (generic Lunesta)
Mepron suspension	Multi-Source Brand	Infections	atovaquone suspension (generic Mepron)
Micardis	Multi-Source Brand	High blood pressure	telmisartan (generic Micardis)
Micardis HCT	Multi-Source Brand	High blood pressure	telmisartan/hydrochlorothiazide (generic Micardis HCT)
Naftin 1% and 2% cream, gel	Brand & Generic	Infections	ciclopirox (generic Loprox), econazole (generic Spectazole), ketoconazole (generic Nizoral), OTC - clotrimazole, miconazole, terbinafine
Noritate	Single Source Brand	Rosacea	metronidazole 0.75% cream (generic Metrocream)
Olux	Brand & Generic	Skin Conditions	betamethasone 0.05% augmented gel (generic Diprolene), clobetasol propionate 0.05% gel (generic Temovate), clobetasol 0.05% solution (generic Temovate)
Olux-E	Brand & Generic	Skin Conditions	betamethasone 0.05% augmented gel (generic Diprolene), clobetasol propionate 0.05% gel (generic Temovate), clobetasol 0.05% solution (generic Temovate)
Protonix Granules for Suspension	Brand & Generic	Ulcers, heartburn & reflux	omeprazole (generic Prilosec), pantoprazole (generic Protonix), rabeprazole (generic Aciphex), OTC - Nexium 24 HR, Prilosec OTC, Prevacid 24 HR, Zegerid OTC
Quartette	Brand & Generic	Contraceptive	levonorgestrel/ethinyl estradiol 0.15/0.03 mg [Iclevia, Introvale, Jolessa, Setlakin (branded generic Seasonale)]
Taclonex Ointment	Brand & Generic	Skin Conditions	Enstilar foam, Taclonex suspension
Topicort spray	Brand & Generic	Skin Conditions	desoximetasone 0.05% gel (generic Topicort), fluocinonide 0.05% solution (generic Lidex)

Strategic Benefit Coverage Exclusions¹

This is a comprehensive list of medications currently not covered under the pharmacy benefit. We do not make the decision to exclude medications from benefit coverage lightly. A medication is only excluded when it offers no clinical value over other options in its class and its exclusion can be leveraged to achieve significant savings for our customers while preserving affordable choices for members. This medication is excluded for the majority of benefit plans.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Updated 8/29/2022

Medication Name	Brand and/or Generic ²	Therapeutic Use	Alternative Treatment Option(s)
Triglide	Multi-Source Brand	Cholesterol/Lipid lowering	fenofibrate 54 mg, 145 mg, 160 mg tablet (generic Lofibra, Tricor, Triglide)
Viramune XR	Multi-Source Brand	HIV	nevirapine (generic Viramune)
Duragesic	Multi-Source Brand	Pain	fentanyl transdermal patch [12, 25, 50, 75, 100 mcg/hr only (generic Duragesic)]
SelRx	Single Source Brand	Skin Conditions	selenium sulfide shampoo
Zutripro	Multi-Source Brand	Cough & Cold	chlorpheniramine/hydrocodone/pseudoephedrine solution (generic Zutripro)
Avinza (brand only)	Multi-Source Brand	Pain	morphine sulfate extended-release tablet (generic MS Contin), morphine sulfate extended-release capsule (generic Avinza)
Fioricet with Codeine 50 mg/325 mg/40 mg/30 mg	Multi-Source Brand	Pain	butalbital/acetaminophen/cafeine/codeine phosphate 50 mg/325 mg/40 mg/30 mg (generic Fioricet with Codeine)
Celebrex	Multi-Source Brand	Pain	celecoxib (generic Celebrex)
Diovan	Multi-Source Brand	High blood pressure	valsartan (generic Diovan)
Evzio (naloxone)	Brand & Authorized Brand Alternative	Opioid overdose	naloxone (generic Narcan), Narcan Nasal Spray
Otrexup	Single Source Brand	Inflammatory conditions	methotrexate tablets, Rasuvo
Protopic	Multi-Source Brand	Skin Conditions	tacrolimus ointment (generic Protopic)
Qudexy XR	Brand & Generic	Seizures	topiramate immediate-release (generic Topamax)
UltraSal-ER	Single Source Brand	Wart removal	OTC salicylic acid
Vogelxo (Testosterone topical gel - Upsher Smith)	Brand & Generic	Testosterone replacement	Androderm, Testim

Strategic Benefit Coverage Exclusions¹

This is a comprehensive list of medications currently not covered under the pharmacy benefit. We do not make the decision to exclude medications from benefit coverage lightly. A medication is only excluded when it offers no clinical value over other options in its class and its exclusion can be leveraged to achieve significant savings for our customers while preserving affordable choices for members. This medication is excluded for the majority of benefit plans.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Updated 8/29/2022

Medication Name	Brand and/or Generic ²	Therapeutic Use	Alternative Treatment Option(s)
Minocin	Multi-Source Brand	Infections	minocycline immediate-release capsules (generic Minocin)
Pennsaid 2% solution	Single Source Brand	Pain & inflammation	OTC Voltaren Arthritis Pain 1% gel
Saizen	Single Source Brand	Growth hormone	Norditropin Flexpro, Nutropin AQ NuSpin
Zomacton	Single Source Brand	Growth hormone	Norditropin Flexpro, Nutropin AQ NuSpin
Adrenaclick (brand only)	Brand	Severe allergic reactions	epinephrine auto-injector (generic Adrenaclick, generic EpiPen/EpiPen Jr.), Auvi-Q, Symjepi
Prodrin	Multi-Source Brand	Headaches	N/A
Exalgo	Multi-Source Brand	Pain	morphine sulfate extended-release tablet (generic MS Contin)
Abilify tablets	Multi-Source Brand	Mental health	aripiprazole (generic Abilify)
Hysingla ER (brand only)	Brand	Pain	hydrocodone extended-release (generic Hysingla), morphine sulfate extended-release tablet (generic MS Contin)
Acticlate	Brand & Generic	Infections	doxycycline hyclate (generic Vibramycin, Vibra-tab), doxycycline monohydrate 50 mg or 100 mg (generic Monodox)
Bunavail	Single Source Brand	Opioid dependence	buprenorphine/naloxone (generic Suboxone), Zubsolv
colchicine capsule (Mitigare authorized generic)	Authorized Brand Alternative	Gout	Mitigare
Colcrys ⁴	Brand & Generic	Gout	Mitigare
Differin 0.3% gel	Brand & Generic	Acne	OTC Differin 0.1% gel, tretinoin cream (generic Retin-A)

Strategic Benefit Coverage Exclusions¹

This is a comprehensive list of medications currently not covered under the pharmacy benefit. We do not make the decision to exclude medications from benefit coverage lightly. A medication is only excluded when it offers no clinical value over other options in its class and its exclusion can be leveraged to achieve significant savings for our customers while preserving affordable choices for members. This medication is excluded for the majority of benefit plans.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Updated 8/29/2022

Medication Name	Brand and/or Generic ²	Therapeutic Use	Alternative Treatment Option(s)
Esomeprazole strontium	Single Source Brand	Ulcers, heartburn & reflux	omeprazole (generic Prilosec), pantoprazole (generic Protonix), rabeprazole (generic Aciphex), OTC - Nexium 24 HR, Prilosec OTC, Prevacid 24 HR, Zegerid OTC
Fortamet	Brand & Generic	Diabetes	metformin (generic Glucophage), metformin extended-release (generic Glucophage XR)
Glumetza	Brand & Generic	Diabetes	metformin (generic Glucophage), metformin extended-release (generic Glucophage XR)
Natesto	Single Source Brand	Testosterone replacement	Androderm, Testim
Select Diabetic Meters ⁴	Single Source Brand	Diabetes	Accu-Check Guide/Guide Me Blood Glucose Monitoring System, Contour Next Blood Glucose Monitoring System, OneTouch Verio Flex Blood Glucose Monitoring System
Select Diabetic Test Strips ⁴	Single Source Brand	Diabetes	Accu-Check Guide Test Strips, Contour Next Test Strips, OneTouch Ultra Blue Test Strips, OneTouch Verio Test Strips
Subsys	Single Source Brand	Cancer pain	fentanyl citrate lozenges (generic Actiq), Lazanda
Xigduo XR	Single Source Brand	Diabetes	Synjardy, Synjardy XR
Zyrtec oral solution	Brand & Generic	Allergies	OTC Children's Zyrtec Allergy Syrup
Anafranil	Multi-Source Brand	Mental health	clomipramine (generic Anafranil)
Augmentin	Multi-Source Brand	Infections	amoxicillin/clavulanic acid (generic Augmentin)
Augmentin ES-600	Multi-Source Brand	Infections	amoxicillin/clavulanic acid (generic Augmentin)
Avodart	Multi-Source Brand	Benign Prostatic Hypertrophy	dutasteride (generic Avodart), finasteride (generic Proscar)

Strategic Benefit Coverage Exclusions¹

This is a comprehensive list of medications currently not covered under the pharmacy benefit. We do not make the decision to exclude medications from benefit coverage lightly. A medication is only excluded when it offers no clinical value over other options in its class and its exclusion can be leveraged to achieve significant savings for our customers while preserving affordable choices for members. This medication is excluded for the majority of benefit plans.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Updated 8/29/2022

Medication Name	Brand and/or Generic ²	Therapeutic Use	Alternative Treatment Option(s)
Betapace	Multi-Source Brand	Arrhythmias	sotalol (generic Betapace)
bexarotene caps (generic for Targretin)	Generic Only	Cancer	Targretin capsules
Cardizem	Multi-Source Brand	High blood pressure	diltiazem (generic Cardizem)
Cardizem CD	Multi-Source Brand	High blood pressure	diltiazem extended-release (generic Cardizem CD)
Cardizem LA	Multi-Source Brand	High blood pressure	diltiazem extended-release (generic Cardizem LA)
Colazal	Multi-Source Brand	Inflammatory bowel disease	balsalazide (generic Colazal)
D.H.E. 45	Multi-Source Brand	Migraines	dihydroergotamine (generic D.H.E. 45), eletriptan (generic Relpax), naratriptan (generic Amerge), rizatriptan (generic Maxalt/Maxalt MLT), sumatriptan (generic Imitrex), zolmitriptan (generic Zomig/Zomig-ZMT)
Dibenzyliline	Multi-Source Brand	High blood pressure	phenoxybenzamine (generic Dibenzyliline)
Duexis	Brand & Generic	Pain	ibuprofen (generic Motrin) + OTC famotidine (generic Pepcid AC)
E.E.S. 400	Multi-Source Brand	Infections	erythromycin ethylsuccinate (generic E.E.S. 400)
Exelon Patch	Multi-Source Brand	Alzheimer's disease	rivastigmine transdermal patch (generic Exelon), rivastigmine capsules (generic Exelon)
Invega	Multi-Source Brand	Mental health	paliperidone (generic Invega)
Kenalog Spray	Multi-Source Brand	Skin Conditions	triamcinolone spray (generic Kenalog)

Strategic Benefit Coverage Exclusions¹

This is a comprehensive list of medications currently not covered under the pharmacy benefit. We do not make the decision to exclude medications from benefit coverage lightly. A medication is only excluded when it offers no clinical value over other options in its class and its exclusion can be leveraged to achieve significant savings for our customers while preserving affordable choices for members. This medication is excluded for the majority of benefit plans.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Updated 8/29/2022

Medication Name	Brand and/or Generic ²	Therapeutic Use	Alternative Treatment Option(s)
Kitabis Pak	Single Source Brand	Supportive care for Cystic Fibrosis	tobramycin 300 mg/4 mL (generic Bethkis)
Lescol XL	Multi-Source Brand	Cholesterol/Lipid lowering	atorvastatin (generic Lipitor), fluvastatin extended-release (generic Lescol XL), lovastatin (generic Mevacor), pravastatin (generic Pravachol), rosuvastatin (generic Crestor), simvastatin (generic Zocor)
Librax	Multi-Source Brand	Irritable bowel disease	chlordiazepoxide/clidinium (generic Librax)
Lodosyn	Multi-Source Brand	Parkinson's disease	carbidopa (generic Lodosyn)
Loprox Shampoo	Multi-Source Brand	Skin Conditions	ciclopirox shampoo (generic Loprox Shampoo)
Lotronex	Multi-Source Brand	Irritable bowel disease	alosetron (generic Lotronex)
Migranal	Multi-Source Brand	Migraines	dihydroergotamine nasal spray (generic Migranal), eletriptan (generic Relpax), naratriptan (generic Amerge), rizatriptan (generic Maxalt/Maxalt MLT), sumatriptan (generic Imitrex), zolmitriptan (generic Zomig/Zomig-ZMT)
Namenda XR	Brand & Generic	Alzheimer's disease	memantine immediate-release (generic Namenda)
Nuvigil	Multi-Source Brand	Narcolepsy	armodafinil (generic Nuvigil)
Penlac Nail Lacquer	Multi-Source Brand	Skin Conditions	ciclopirox 8% solution (generic Penlac Nail Lacquer)
Proctocort	Multi-Source Brand	Skin Conditions	hydrocortisone 1% cream (generic Proctocort), hydrocortisone 30 mg suppository (generic Proctocort)
Tasmar	Multi-Source Brand	Parkinson's disease	entacapone (generic Comtan), tolcapone (generic Tasmar)

Strategic Benefit Coverage Exclusions¹

This is a comprehensive list of medications currently not covered under the pharmacy benefit. We do not make the decision to exclude medications from benefit coverage lightly. A medication is only excluded when it offers no clinical value over other options in its class and its exclusion can be leveraged to achieve significant savings for our customers while preserving affordable choices for members. This medication is excluded for the majority of benefit plans.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Updated 8/29/2022

Medication Name	Brand and/or Generic ²	Therapeutic Use	Alternative Treatment Option(s)
Tenoretic	Multi-Source Brand	High blood pressure	atenolol/chlorthalidone (generic Tenoretic 50, Tenoretic 100)
Tenormin	Multi-Source Brand	High blood pressure	atenolol (generic Tenormin)
Valcyte tablets	Multi-Source Brand	Infections	valganciclovir (generic Valcyte)
Vaseretic	Multi-Source Brand	High blood pressure	enalapril/hydrochlorothiazide (generic Vaseretic)
Vasotec	Multi-Source Brand	High blood pressure	enalapril (generic Vasotec)
Vimovo	Brand & Generic	Pain & inflammation	naproxen tablets (generic Naprosyn) plus omeprazole (generic Prilosec), pantoprazole (generic Protonix), rabeprazole (generic Aciphex), OTC - Nexium 24 HR, Prevacid 24, Prilosec OTC, Zegerid OTC
Xenazine	Multi-Source Brand	Huntington's disease	tetrabenazine (generic Xenazine)
Zestoretic	Multi-Source Brand	High blood pressure	lisinopril/hydrochlorothiazide (generic Zestoretic)
Zestril	Multi-Source Brand	High blood pressure	lisinopril (generic Zestril)
Zyvox	Multi-Source Brand	Infections	linezolid (generic Zyvox)
Pazeo	Single Source Brand	Allergies	OTC azelastine (Astepro Allergy), OTC ketotifen (Zaditor), OTC olopatadine (Pataday), azelastine ophthalmic solution (generic Optivar), olopatadine 0.1% ophthalmic solution (generic Patanol), Lastacaft
Clarifoam EF	Multi-Source Brand	Skin Conditions	sulfacetamide sodium/sulfur 10-5% (generic Clarifoam EF)

Strategic Benefit Coverage Exclusions¹

This is a comprehensive list of medications currently not covered under the pharmacy benefit. We do not make the decision to exclude medications from benefit coverage lightly. A medication is only excluded when it offers no clinical value over other options in its class and its exclusion can be leveraged to achieve significant savings for our customers while preserving affordable choices for members. This medication is excluded for the majority of benefit plans.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Updated 8/29/2022

Medication Name	Brand and/or Generic ²	Therapeutic Use	Alternative Treatment Option(s)
Crestor	Multi-Source Brand	Cholesterol/Lipid lowering	rosuvastatin (generic Crestor)
Butrans (brand only)	Brand	Pain	tramadol extended-release (generic Ultram ER), tramadol biphasic 24hr extended-release tablet (generic Ryzolt), Belbuca
Durlaza	Single Source Brand	Stroke & heart attack prevention	OTC aspirin
Gleevec	Multi-Source Brand	Cancer	imatinib (generic Gleevec)
Granix	Single Source Brand	Neutropenia	Zarxio
Neupogen	Single Source Brand	Neutropenia	Zarxio
Ortho Tri-Cyclen Lo	Multi-Source Brand	Contraceptive	norgestimate/ethinyl estradiol Lo 0.18-0.215-0.25/0.025 mg [Tri-Lo-Estarylla, Tri-Lo-Marzia, Tri-Lo-Mili, Tri-Lo-Sprintec, Tri-Vylibra Lo (branded generics Ortho Tri-Cyclen Lo)]
Oxaydo	Single Source Brand	Pain	oxycodone immediate-release (generic Roxicodone)
OxyContin (oxycodone extended-release)	Brand & Authorized Brand Alternative	Pain	morphine sulfate extended-release tablet (generic MS Contin)
Viramune	Multi-Source Brand	HIV	nevirapine (generic Viramune)
Epiduo Forte	Brand & generic	Acne	OTC Differin 0.1% gel plus OTC benzoyl peroxide
Helixate FS	Single Source Brand	Hemophilia	Kogenate FS, Kovaltry, Novoeight, Nuwiq

Strategic Benefit Coverage Exclusions¹

This is a comprehensive list of medications currently not covered under the pharmacy benefit. We do not make the decision to exclude medications from benefit coverage lightly. A medication is only excluded when it offers no clinical value over other options in its class and its exclusion can be leveraged to achieve significant savings for our customers while preserving affordable choices for members. This medication is excluded for the majority of benefit plans.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Updated 8/29/2022

Medication Name	Brand and/or Generic ²	Therapeutic Use	Alternative Treatment Option(s)
Alogliptin (Nesina authorized generic)	Authorized Brand Alternative	Diabetes	Nesina
Alogliptin/metformin (Kazano authorized generic)	Authorized Brand Alternative	Diabetes	Kazano
Alogliptin/pioglitazone (Oseni authorized generic)	Authorized Brand Alternative	Diabetes	Oseni
Benicar	Multi-Source Brand	High blood pressure	olmesartan (generic Benicar)
Benicar HCT	Multi-Source Brand	High blood pressure	olmesartan HCT (generic Benicar HCT)
Cellcept	Multi-Source Brand	Transplant	mycophenolate (generic Cellcept)
Differin 0.1% cream, gel, lotion	Brand & Generic	Acne	OTC Differin 0.1% gel, tretinoin cream (generic Retin-A)
Epiduo	Brand & Generic	Acne	OTC Differin 0.1% gel plus OTC benzoyl peroxide
EpiPen/EpiPen Jr	Multi-Source Brand	Severe allergic reactions	epinephrine auto-injector (generic Adrenaclick, generic EpiPen/EpiPen Jr.), Auvi-Q, Symjepi
Epzicom	Multi-Source Brand	HIV	abacavir/lamivudine (generic Epzicom)
Imuran	Multi-Source Brand	Transplant	azathioprine (generic Imuran)
Loprox 0.77%	Multi-Source Brand	Infections	ciclopirox 0.77% (generic Loprox)
Myfortic	Multi-Source Brand	Transplant	mycophenolate delayed-release (generic Myfortic)
Neoral	Multi-Source Brand	Transplant	cyclosporine modified (generic Neoral)

Strategic Benefit Coverage Exclusions¹

This is a comprehensive list of medications currently not covered under the pharmacy benefit. We do not make the decision to exclude medications from benefit coverage lightly. A medication is only excluded when it offers no clinical value over other options in its class and its exclusion can be leveraged to achieve significant savings for our customers while preserving affordable choices for members. This medication is excluded for the majority of benefit plans.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Updated 8/29/2022

Medication Name	Brand and/or Generic ²	Therapeutic Use	Alternative Treatment Option(s)
Parlodel	Multi-Source Brand	Parkinson's disease	bromocriptine (generic Parlodel)
Rapamune	Multi-Source Brand	Transplant	sirolimus (generic Rapamune)
Retin-A cream	Multi-Source Brand	Acne	OTC Differin 0.1% gel, tretinoin cream (generic Retin-A)
Retin-A gel	Brand & Generic	Acne	OTC Differin 0.1% gel, tretinoin cream (generic Retin-A)
Sandimmune	Multi-Source Brand	Transplant	cyclosporine (generic Sandimmune)
Vagifem	Multi-Source Brand	Hormone replacement	estradiol vaginal tablet [Yuvaferm (generic Vagifem)]
Zetia	Multi-Source Brand	Cholesterol/Lipid lowering	ezetimibe tablet (generic Zetia)
Metadate CD	Multi-Source Brand	ADHD	methylphenidate extended-release capsules (generic Metadate CD, Ritalin LA), Adderall XR, Concerta, Vyvanse
Floxin Otic	Multi-Source Brand	Infections	ofloxacin 0.3 % solution (generic Floxin Otic, Ocuflax)
AirDuo Respiclick	Brand	Asthma/COPD	fluticasone/salmeterol powder for inhalation (generic AirDuo Respiclick), Advair Diskus/HFA, Breo Ellipta, Symbicort
Azilect	Multi-Source Brand	Parkinson's disease	rasagiline (generic Azilect)
Baraclude tablets	Multi-Source Brand	Hepatitis B	entecavir tablet (generic Baraclude)
Cordran 0.05% lotion	Multi-Source Brand	Skin conditions	flurandrenolide 0.05% lotion (generic Cordran), triamcinolone acetonide 0.1% lotion (generic Kenalog lotion)
Emflaza	Single Source Brand	Duchenne Muscular Dystrophy	prednisone
Inderal LA	Multi-Source Brand	High blood pressure	propranolol extended-release capsule (generic Inderal LA)

Strategic Benefit Coverage Exclusions¹

This is a comprehensive list of medications currently not covered under the pharmacy benefit. We do not make the decision to exclude medications from benefit coverage lightly. A medication is only excluded when it offers no clinical value over other options in its class and its exclusion can be leveraged to achieve significant savings for our customers while preserving affordable choices for members. This medication is excluded for the majority of benefit plans.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Updated 8/29/2022

Medication Name	Brand and/or Generic ²	Therapeutic Use	Alternative Treatment Option(s)
Livalo	Single Source Brand	Cholesterol/Lipid lowering	atorvastatin (generic Lipitor), lovastatin (generic Mevacor), pravastatin (generic Pravachol), rosuvastatin (generic Crestor), simvastatin (generic Zocor)
Pristiq	Multi-Source Brand	Mental health	desvenlafaxine extended-release tablet (generic Pristiq)
Relistor tablet	Single Source Brand	Constipation	Symproic
Sandostatin	Multi-Source Brand	Endocrine disorders	octreotide (generic Sandostatin)
Sarafem tablets	Brand & Generic	Mental health	fluoxetine capsules (generic Prozac)
Seroquel XR	Multi-Source Brand	Mental health	quetiapine extended-release (generic Seroquel XR)
Strattera	Multi-Source Brand	ADHD	atomoxetine (generic Strattera)
Vigamox	Multi-Source Brand	Infections	moxifloxacin ophthalmic solution (generic Vigamox)
Vytorin	Multi-Source Brand	Cholesterol/Lipid lowering	simvastatin/ezetimibe (generic Vytorin)
Yosprala (aspirin/omeprazole)	Brand & Authorized Brand Alternative	Stroke & heart attack prevention	OTC aspirin plus omeprazole (Prilosec), pantoprazole (Protonix)
Prozac Weekly	Multi-Source Brand	Mental health	fluoxetine capsules (generic Prozac)
Acetaminophen/Caffeine/Dihydrocodeine 325 mg/30mg/16mg tablet (e.g. Dvorah, Panlor)	Brand & Generic	Pain	acetaminophen/codeine (Tylenol with codeine), Trezix
Climara	Multi-Source Brand	Hormone replacement	estradiol transdermal patch (generic Climara)
Effient	Multi-Source Brand	Stroke & heart attack prevention	prasugrel (generic Effient)

Strategic Benefit Coverage Exclusions¹

This is a comprehensive list of medications currently not covered under the pharmacy benefit. We do not make the decision to exclude medications from benefit coverage lightly. A medication is only excluded when it offers no clinical value over other options in its class and its exclusion can be leveraged to achieve significant savings for our customers while preserving affordable choices for members. This medication is excluded for the majority of benefit plans.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Updated 8/29/2022

Medication Name	Brand and/or Generic ²	Therapeutic Use	Alternative Treatment Option(s)
Fosrenol	Multi-Source Brand	Elevated phosphate levels	lanthanum chewable tablets (generic Fosrenol)
Gocovri	Single Source Brand	Parkinson's disease	amantadine immediate-release (generic Symmetrel)
Relpax	Multi-Source Brand	Migraines	eletriptan (generic Relpax)
Reyataz capsules	Multi-Source Brand	HIV	atazanavir capsules (Reyataz)
Tamiflu	Multi-Source Brand	Influenza	oseltamivir (generic Tamiflu)
Utibron Neohaler	Single Source Brand	COPD	Anoro Ellipta, Bevespi Aerosphere, Stiolto Respimat
Viagra	Multi-Source Brand	Erectile dysfunction	sildenafil (generic Viagra)
Viread tablets	Multi-Source Brand	Hepatitis B/HIV	tenofovir tablets (generic Viread)
chlorzoxazone 250 mg tablet	Generic Only	Muscle relaxant	chlorzoxazone 500 mg tablet (generic Parafon Forte DSC)
nitisinone (generic Orfadin)	Generic Only	Endocrine disorders	Orfadin
Novolin 70/30 (includes Relion)	Single Source Brand	Diabetes	Humulin 70/30
Novolin N (includes Relion)	Single Source Brand	Diabetes	Humulin N
Novolin R (includes Relion)	Single Source Brand	Diabetes	Humulin R
Novolog	Single Source Brand	Diabetes	Humalog, Lyumjev

Strategic Benefit Coverage Exclusions¹

This is a comprehensive list of medications currently not covered under the pharmacy benefit. We do not make the decision to exclude medications from benefit coverage lightly. A medication is only excluded when it offers no clinical value over other options in its class and its exclusion can be leveraged to achieve significant savings for our customers while preserving affordable choices for members. This medication is excluded for the majority of benefit plans.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Updated 8/29/2022

Medication Name	Brand and/or Generic ²	Therapeutic Use	Alternative Treatment Option(s)
Novolog 70/30	Single Source Brand	Diabetes	Humalog 75/25
Admelog	Single Source Brand	Diabetes	Humalog, Lyumjev
Apidra	Single Source Brand	Diabetes	Humalog, Lyumjev
Atripla	Brand	HIV	efavirenz/emtricitabine/tenofovir disoproxil fumarate (generic Atripla), Symfi, Symfi Lo
Copaxone	Multi-Source Brand	Multiple Sclerosis	glatiramer acetate [Glatopa (generic Copaxone)]
Diclegis	Brand & Generic	Nausea & vomiting associated with pregnancy	OTC doxylamine (Unisom) + pyridoxine (Vitamin B6)
Farxiga	Single Source Brand	Diabetes	Jardiance
Fiasp	Single Source Brand	Diabetes	Humalog, Lyumjev
Movantik	Single Source Brand	Constipation	Symproic
Nalfon	Brand & Generic	Pain & inflammation	ibuprofen (generic Motrin), naproxen tablets (generic Naprosyn, generic Anaprox DS), OTC ibuprofen (Advil/Motrin), OTC naproxen (Aleve)
Norvir tablets	Multi-Source Brand	HIV	ritonavir tablets (generic Norvir)
Qtern	Single Source Brand	Diabetes	Glyxambi
Renvela tablets	Multi-Source Brand	Elevated phosphate levels	sevelamer tablets (generic Renvela)
Sabril powder pack	Multi-Source Brand	Seizures	vigabatrin powder pack (generic Sabril)
Segluromet	Single Source Brand	Diabetes	Synjardy, Synjardy XR
Steglatro	Single Source Brand	Diabetes	Jardiance
Steglujan	Single Source Brand	Diabetes	Glyxambi

Strategic Benefit Coverage Exclusions¹

This is a comprehensive list of medications currently not covered under the pharmacy benefit. We do not make the decision to exclude medications from benefit coverage lightly. A medication is only excluded when it offers no clinical value over other options in its class and its exclusion can be leveraged to achieve significant savings for our customers while preserving affordable choices for members. This medication is excluded for the majority of benefit plans.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Updated 8/29/2022

Medication Name	Brand and/or Generic ²	Therapeutic Use	Alternative Treatment Option(s)
Zavesca	Multi-Source Brand	Enzyme deficiency	miglustat (generic Zavesca)
Insulin Lispro vial	Single Source Brand	Diabetes	Humalog, Lyumjev
Insulin Lispro KwikPen	Single Source Brand	Diabetes	Humalog, Lyumjev
Adcirca	Multi-Source Brand	Pulmonary hypertension	tadalafil (generic Adcirca)
Ajovy	Single Source Brand	Migraines	Aimovig, Emgality, Nurtec ODT
Ampyra	Multi-Source Brand	Multiple Sclerosis	dalfampridine (generic Ampyra)
Canasa	Multi-Source Brand	Inflammatory bowel disease	mesalamine suppositories (generic Canasa)
Cialis	Multi-Source Brand	Erectile dysfunction	tadalafil (generic Cialis)
Decadron elixir	Multi-Source Brand	Oral steroid	dexamethasone elixir (generic Decadron)
Levitra	Multi-Source Brand	Erectile dysfunction	vardeafil (generic Levitra)
Lodine	Multi-Source Brand	Pain	etodolac (generic Lodine)
Yonsa	Single Source Brand	Cancer	abiraterone 250mg (generic Zytiga)
Noctiva	Single Source Brand	Excessive nighttime urination	Nocdurna
Ryclora	Brand & Generic	Allergies	OTC chlorpheniramine (generic Chlor-Trimeton)
Nivestym	Single Source Brand	Neutropenia	Zarxio

Strategic Benefit Coverage Exclusions¹

This is a comprehensive list of medications currently not covered under the pharmacy benefit. We do not make the decision to exclude medications from benefit coverage lightly. A medication is only excluded when it offers no clinical value over other options in its class and its exclusion can be leveraged to achieve significant savings for our customers while preserving affordable choices for members. This medication is excluded for the majority of benefit plans.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Updated 8/29/2022

Medication Name	Brand and/or Generic ²	Therapeutic Use	Alternative Treatment Option(s)
Udenyca	Single Source Brand	Neutropenia	Neulasta, Ziextenzo
Ilumya ⁴	Single Source Brand	Inflammatory conditions	Cimzia, Cosentyx, Humira, Skyrizi, Stelara, Tremfya
Dexedrine	Multi-Source Brand	ADHD	dextroamphetamine extended-release (generic Dexedrine), Adderall XR
Epogen	Single Source Brand	Anemia	Retacrit
Procrit	Single Source Brand	Anemia	Retacrit
Ranexa	Multi-Source Brand	Angina	ranolazine (generic Ranexa)
Pulmicort inhalation suspension	Multi-Source Brand	Asthma	budesonide inhalation suspension (generic Pulmicort)
Lovenox	Multi-Source Brand	Blood clots	enoxaparin (generic Lovenox)
Tudorza Pressair	Single Source Brand	COPD	Spiriva Handihaler/Resipmat
Xalatan	Multi-Source Brand	Glaucoma	latanoprost (generic Xalatan)
Norvasc	Multi-Source Brand	High blood pressure	amlodipine (generic Norvasc)
Minivelle	Multi-Source Brand	Hormone replacement	estradiol patch (generic Minivelle, generic Vivelle-Dot)
Prometrium	Multi-Source Brand	Hormone replacement	progesterone (generic Prometrium)
Plaquenil	Multi-Source Brand	Inflammatory conditions	hydroxychloroquine (generic Plaquenil)
Exjade	Multi-Source Brand	Iron overload	desferasirox (generic Exjade)

Strategic Benefit Coverage Exclusions¹

This is a comprehensive list of medications currently not covered under the pharmacy benefit. We do not make the decision to exclude medications from benefit coverage lightly. A medication is only excluded when it offers no clinical value over other options in its class and its exclusion can be leveraged to achieve significant savings for our customers while preserving affordable choices for members. This medication is excluded for the majority of benefit plans.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Updated 8/29/2022

Medication Name	Brand and/or Generic ²	Therapeutic Use	Alternative Treatment Option(s)
Fulphila	Single Source Brand	Neutropenia	Neulasta, Ziextenzo
Klonopin	Multi-Source Brand	Seizures	clonazepam (generic Klonopin)
Cytomel	Multi-Source Brand	Thyroid hormone replacement	liothyronine (generic Cytomel)
Siliq ⁴	Single Source Brand	Inflammatory conditions	Cimzia, Cosentyx, Humira, Skyrizi, Stelara, Tremfya
Taltz ⁴	Single Source Brand	Inflammatory conditions	Cimzia, Cosentyx, Humira, Skyrizi, Stelara, Tremfya
Insulin Lispro Jr. KwikPen	Single Source Brand	Diabetes	Humalog Jr. KwikPen, Lyumjev
Insulin Lispro Protamine/Insulin Lispro KwikPen	Single Source Brand	Diabetes	Humalog 75/25 KwikPen
Rapaflo	Multi-Source Brand	Benign Prostatic Hypertrophy	silodosin (generic Rapaflo)
Uloric	Multi-Source Brand	Gout	allopurinol (generic Zyloprim), febuxostat (generic Uloric)
Noxafil tablets	Multi-Source Brand	Infections	posaconazole tablets (generic Noxafil)
Clobex 0.05% spray	Multi-Source Brand	Skin conditions	clobetasol 0.05% spray (generic Clobex spray)
Duobrii	Single Source Brand	Skin conditions	fluocinonide 0.05% gel/solution (generic Lidex), desoximetasone 0.5% gel (generic Topicort), Enstilar, tazarotene 0.1% cream (generic Tazorac),
Vectical	Multi-Source Brand	Skin conditions	calcitriol ointment (generic Vectical)
Basaglar KwikPen	Single Source Brand	Diabetes	Lantus, Toujeo

Strategic Benefit Coverage Exclusions¹

This is a comprehensive list of medications currently not covered under the pharmacy benefit. We do not make the decision to exclude medications from benefit coverage lightly. A medication is only excluded when it offers no clinical value over other options in its class and its exclusion can be leveraged to achieve significant savings for our customers while preserving affordable choices for members. This medication is excluded for the majority of benefit plans.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Updated 8/29/2022

Medication Name	Brand and/or Generic ²	Therapeutic Use	Alternative Treatment Option(s)
Janumet/Janumet XR	Single Source Brand	Diabetes	Kazano, Kombiglyze XR, Jentadueto, Jentadueto XR
Januvia	Single Source Brand	Diabetes	Nesina, Onglyza, Tradjenta
Levemir/Levemir FlexTouch ⁴	Single Source Brand	Diabetes	Lantus, Toujeo
Tresiba/Tresiba FlexTouch	Single Source Brand	Diabetes	Lantus, Toujeo
Duaklir	Single Source Brand	COPD	Anoro Ellipta, Bevespi Aerosphere
Cequa	Single Source Brand	Dry eye disease	Restasis (single use vials), Xiidra
Invokana ⁴	Single Source Brand	Diabetes	Jardiance
Alvesco	Single Source Brand	Asthma	Arnuity Ellipta, Flovent HFA, Flovent Diskus, Pulmicort Flexhaler
Asmanex HFA/Twisthaler	Single Source Brand	Asthma	Arnuity Ellipta, Flovent HFA, Flovent Diskus, Pulmicort Flexhaler
QVAR ReditHaler	Single Source Brand	Asthma	Arnuity Ellipta, Flovent HFA, Flovent Diskus, Pulmicort Flexhaler
Invokamet/Invokamet XR	Single Source Brand	Diabetes	Synjardy, Synjardy XR
Synthroid	Multi-Source Brand	Thyroid hormone replacement	levothyroxine (generic Synthroid)
Tecfidera	Multi-Source Brand	Multiple Sclerosis	dimethyl fumarate (generic Tecfidera), Bafiertam
Truvada 200 mg/300 mg	Multi-Source Brand	HIV	emtricitabine/tenofovir disoproxil fumarate (generic Truvada)
Esperoct	Single Source Brand	Hemophilia	Advate, Kogenate FS, Kovaltry, NovoEight, Nuwiq, Recombinate

Strategic Benefit Coverage Exclusions¹

This is a comprehensive list of medications currently not covered under the pharmacy benefit. We do not make the decision to exclude medications from benefit coverage lightly. A medication is only excluded when it offers no clinical value over other options in its class and its exclusion can be leveraged to achieve significant savings for our customers while preserving affordable choices for members. This medication is excluded for the majority of benefit plans.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Updated 8/29/2022

Medication Name	Brand and/or Generic ²	Therapeutic Use	Alternative Treatment Option(s)
Nyvepria	Single Source Brand	Neutropenia	Neulasta, Ziextenzo
Voltaren 1% gel	Brand & Generic	Pain & inflammation	OTC Voltaren Arthritis Pain 1% gel
Afinitor	Multi-Source Brand	Cancer	everolimus (generic Afinitor)
Incruse Ellipta	Single Source Brand	COPD	Spiriva Respimat/HandiHaler
Bystolic	Brand & Generic	High blood pressure	atenolol (generic Tenormin), bisoprolol (generic Zebeta), metoprolol (generic Lopressor)
Fexmid 7.5mg (cyclobenzaprine)	Brand & Generic	Muscle relaxant	cyclobenzaprine 5 mg, 10 mg (generic Flexeril)
Mestinon 60 mg tablet	Multi-Source Brand	Myasthenia Gravis	pyridostigmine (generic Mestinon)
Forteo	Single Source Brand	Osteoporosis	Teriparatide, Tymlos
Zohydro ER	Multi-Source Brand	Pain	hydrocodone bitartrate extended-release (generic Hysingla, generic Zohydro), morphine sulfate extended-release tablet (generic MS Contin)
Cuprimine	Brand & Generic	Wilson's disease	penicillamine titratabs (generic Depen)
ProAir Digihaler	Single Source Brand	Asthma	albuterol sulfate HFA (generic ProAir HFA, generic Proventil HFA)
Kuvan	Multi-Source Brand	Endocrine disorders	sapropterin (generic Kuvan)
Airduo Digihaler	Single Source Brand	Asthma	fluticasone/salmeterol (generic AirDuo Respiclick), Advair Diskus/HFA, Breo Ellipta, Symbicort
Armonair Digihaler	Single Source Brand	Asthma	Arnuity Ellipta, Flovent Diskus/HFA, Pulmicort Flexhaler

Strategic Benefit Coverage Exclusions¹

This is a comprehensive list of medications currently not covered under the pharmacy benefit. We do not make the decision to exclude medications from benefit coverage lightly. A medication is only excluded when it offers no clinical value over other options in its class and its exclusion can be leveraged to achieve significant savings for our customers while preserving affordable choices for members. This medication is excluded for the majority of benefit plans.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Updated 8/29/2022

Medication Name	Brand and/or Generic ²	Therapeutic Use	Alternative Treatment Option(s)
Semglee	Single Source Brand	Diabetes	Lantus, Toujeo
Relafen	Multi-Source Brand	Pain & inflammation	nabumetone (generic Relafen)
Licart	Single Source Brand	Pain & inflammation	OTC Voltaren Arthritis Pain 1% gel
Proair HFA	Multi-Source Brand	Asthma	albuterol sulfate HFA (generic ProAir HFA, generic Proventil HFA)
Proair RespiClick	Single Source Brand	Asthma	albuterol sulfate HFA (generic ProAir HFA, generic Proventil HFA)
Proventil HFA	Multi-Source Brand	Asthma	albuterol sulfate HFA (generic ProAir HFA, generic Proventil HFA)
Ventolin HFA	Single Source Brand	Asthma	albuterol sulfate HFA (generic ProAir HFA, generic Proventil HFA)
Riomet	Multi-Source Brand	Diabetes	metformin tablets (generic glucophage), metformin oral solution (generic Riomet)
Aromasin	Multi-Source Brand	Cancer	exemestane (generic Aromasin)
Tarceva	Multi-Source Brand	Cancer	erlotinib (generic Tarceva)
Temodar capsules	Multi-Source Brand	Cancer	temozolomide (generic Temodar)
Xeloda	Multi-Source Brand	Cancer	capecitabine (generic Xeloda)
Seasonique	Multi-Source Brand	Contraceptive	levonorgestrel/ethinyl estradiol [Iclevia, Introvale, Jolessa, Quasense, Setlakin (generics for Seasonale)], levonorgestrel/ethinyl estradiol
Bethkis	Multi-Source Brand	Supportive care for Cystic Fibrosis	tobramycin 300 mg /4 mL (generic Bethkis)

Strategic Benefit Coverage Exclusions¹

This is a comprehensive list of medications currently not covered under the pharmacy benefit. We do not make the decision to exclude medications from benefit coverage lightly. A medication is only excluded when it offers no clinical value over other options in its class and its exclusion can be leveraged to achieve significant savings for our customers while preserving affordable choices for members. This medication is excluded for the majority of benefit plans.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Updated 8/29/2022

Medication Name	Brand and/or Generic ²	Therapeutic Use	Alternative Treatment Option(s)
Elidel	Multi-Source Brand	Skin conditions	pimecrolimus (generic Elidel), tacrolimus (generic Protopic)
Halog cream	Multi-Source Brand	Skin conditions	betamethasone dipropionate augmented 0.05% cream (generic Diprolene AF), fluocinonide 0.05% cream (generic Lidex cream), halcinonide 0.1%
Lotrel	Multi-Source Brand	High blood pressure	amlodipine/benazepril (generic Lotrel)
Nityr	Single Source Brand	Endocrine disorders	Orfadin
Sensipar	Multi-Source Brand	Endocrine disorders	calcium acetate (generic PhosLo), sevelamer (generic Renagel), Velphoro
Syprine	Multi-Source Brand	Blood disorders	trientine (generic Syprine)
Fareston	Multi-Source Brand	Cancer	toremifene (generic Fareston)
Carafate	Multi-Source Brand	Ulcers	sulcralfate (generic Carafate)
Prevacid Solutab	Multi-Source Brand	Ulcers, heartburn & reflux	lansoprazole delayed-release orally disintegrating tablet (generic Prevacid Solutab), omeprazole (generic Prilosec), pantoprazole (generic Protonix), OTC - Nexium, Prilosec, Prevacid, Zegerid
Amicar	Multi-Source Brand	Blood disorders	aminocaproic acid (generic Amicar)
Atacand	Multi-Source Brand	High blood pressure	candesartan (generic Atacand)
Avapro	Multi-Source Brand	High blood pressure	irbesartan (generic Avapro)
Cozaar	Multi-Source Brand	High blood pressure	losartan (generic Cozaar)
Sustiva capsules	Multi-Source Brand	HIV	efavirenz (generic Sustiva)

Strategic Benefit Coverage Exclusions¹

This is a comprehensive list of medications currently not covered under the pharmacy benefit. We do not make the decision to exclude medications from benefit coverage lightly. A medication is only excluded when it offers no clinical value over other options in its class and its exclusion can be leveraged to achieve significant savings for our customers while preserving affordable choices for members. This medication is excluded for the majority of benefit plans.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Updated 8/29/2022

Medication Name	Brand and/or Generic ²	Therapeutic Use	Alternative Treatment Option(s)
Estrace vaginal cream	Multi-Source Brand	Hormone replacement	estradiol tablets (generic Estrace), estradiol vaginal cream (generic Estrace vaginal cream)
Jadenu granule, tablet	Multi-Source Brand	Iron overload	deferasirox (generic Jadenu)
Paxil CR	Multi-Source Brand	Mental health	paroxetine extended-release (generic Paxil CR)
Zomig tablets	Multi-Source Brand	Migraines	zolmitriptan tablets (generic Zomig)
Frova	Multi-Source Brand	Migraines	frovatriptan (Frova)
Travatan Z	Brand & Generic	Glaucoma	latanoprost (generic Xalatan), Lumigan
Norco	Multi-Source Brand	Pain	hydrocodone/acetaminophen (generic Norco)
Roxicodone	Multi-Source Brand	Pain	oxycodone immediate-release (generic Roxicodone)
Actonel	Multi-Source Brand	Osteoporosis	alendronate (generic Fosamax), ibandronate (generic Boniva)
Letairis	Multi-Source Brand	Pulmonary hypertension	ambrisentan (generic Letairis)
Revatio suspension	Multi-Source Brand	Pulmonary hypertension	sildenafil (generic Revatio)
Uroxatral	Multi-Source Brand	Benign Prostatic Hypertrophy	alfuzosin (generic Uroxatral), doxazosin (generic Cardura), terazosin (generic Hytrin), tamsulosin (generic Flomax)
Zonalon	Multi-Source Brand	Skin conditions	betamethasone dipropionate cream 0.05% (generic Diprosone), desoximetasone cream 0.05% (generic Topicort), fluocinonide cream 0.05% (generic Lidex), mometasone furoate cream 0.1% (generic Elocon), triamcinolone acetonide cream 0.5% (generic Aristocort)

Strategic Benefit Coverage Exclusions¹

This is a comprehensive list of medications currently not covered under the pharmacy benefit. We do not make the decision to exclude medications from benefit coverage lightly. A medication is only excluded when it offers no clinical value over other options in its class and its exclusion can be leveraged to achieve significant savings for our customers while preserving affordable choices for members. This medication is excluded for the majority of benefit plans.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Updated 8/29/2022

Medication Name	Brand and/or Generic ²	Therapeutic Use	Alternative Treatment Option(s)
Doral	Brand & Generic	Sleep	temazepam (generic Restoril)
Zortress	Multi-Source Brand	Transplant	cyclosporine (generic Neoral, Sandimmune, Gengraf), everolimus (generic Zortress), tacrolimus (generic Prograf)
Vascepa ⁴	Brand & Generic	Cholesterol/Lipid lowering	atorvastatin (generic Lipitor), fenofibrate 54 mg, 145 mg, 160 mg tablets (generic Lofibra, Tricor), omega-3 ethyl esters (generic Lovaza), rosuvastatin (generic Crestor), simvastatin (generic Zocor)
RediTrex	Single Source Brand	Inflammatory conditions	methotrexate tablets, Rasuvo
Desoxyn	Multi-Source Brand	ADHD	methamphetamine (generic Desoxyn)
Aricept 5 mg, 10 mg	Multi-Source Brand	Alzheimer's disease	donepezil (generic Aricept)
Rythmol SR	Multi-Source Brand	Arrhythmias	propafenone extended-release capsules (generic Rythmol)
Arixtra	Multi-Source Brand	Blood clots	fondaparinux (generic Arixtra)
Praluent	Single Source Brand	Cholesterol/Lipid lowering	Repatha
Zocor	Multi-Source Brand	Cholesterol/Lipid lowering	simvastatin (generic Zocor)
Loestrin FE 1/20	Multi-Source Brand	Contraceptive	norethindrone/ethinyl estradiol [Aurovela FE, Blisovi FE, Hailey FE, Junel FE, Larin FE, Microgestin FE, Tarina FE (generics for Loestrin FE 1/20)]
Evoxac	Multi-Source Brand	Dry mouth	cevimeline (generic Evoxac)
DDAVP injection, tablets	Multi-Source Brand	Endocrine disorders	desmopressin (generic DDAVP)
Lotemax 0.5% ophthalmic suspension	Multi-Source Brand	Eye inflammation	loteprednol 0.5% ophthalmic suspension (generic Lotemax)

Strategic Benefit Coverage Exclusions¹

This is a comprehensive list of medications currently not covered under the pharmacy benefit. We do not make the decision to exclude medications from benefit coverage lightly. A medication is only excluded when it offers no clinical value over other options in its class and its exclusion can be leveraged to achieve significant savings for our customers while preserving affordable choices for members. This medication is excluded for the majority of benefit plans.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Updated 8/29/2022

Medication Name	Brand and/or Generic ²	Therapeutic Use	Alternative Treatment Option(s)
Pred Forte 1%	Multi-Source Brand	Eye inflammation	prednisolone 1% ophthalmic suspension (generic Pred Forte)
Aldactone	Multi-Source Brand	Heart failure	spironolactone (generic Aldactone)
Inspira	Multi-Source Brand	Heart failure	eplerenone (generic Inspira)
Hepsera	Multi-Source Brand	Hepatitis B	adefovir (generic Hepsera)
Altace	Multi-Source Brand	High blood pressure	ramipril (generic Altace)
Atacand HCT	Multi-Source Brand	High blood pressure	candesartan/hydrochlorothiazide (generic Atacand HCT)
Avalide	Multi-Source Brand	High blood pressure	irbesartan/hydrochlorothiazide (generic Avalide)
Catapres-TTS	Multi-Source Brand	High blood pressure	clonidine patch (generic Catapres-TTS)
Coreg	Multi-Source Brand	High blood pressure	carvedilol (generic Coreg)
Hyzaar	Multi-Source Brand	High blood pressure	losartan/hydrochlorothiazide (generic Hyzaar)
Procardia XL	Multi-Source Brand	High blood pressure	nifedipine extended-release tablet (generic Procardia XL)
Lexiva	Multi-Source Brand	HIV	fosamprenavir (generic Lexiva)
Estrace	Multi-Source Brand	Hormone replacement	estradiol tablets (generic Estrace)
Proglycem	Multi-Source Brand	Hypoglycemia	diazoxide (generic Proglycem)

Strategic Benefit Coverage Exclusions¹

This is a comprehensive list of medications currently not covered under the pharmacy benefit. We do not make the decision to exclude medications from benefit coverage lightly. A medication is only excluded when it offers no clinical value over other options in its class and its exclusion can be leveraged to achieve significant savings for our customers while preserving affordable choices for members. This medication is excluded for the majority of benefit plans.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Updated 8/29/2022

Medication Name	Brand and/or Generic ²	Therapeutic Use	Alternative Treatment Option(s)
Gastrocrom	Multi-Source Brand	Inflammation	cromolyn oral concentrate (generic Gastrocrom)
Pamelor	Multi-Source Brand	Mental health	nortriptyline (generic Pamelor)
Paxil	Multi-Source Brand	Mental health	paroxetine (generic Paxil)
Amerge	Multi-Source Brand	Migraines	naratriptan (generic Amerge)
Zomig ZMT	Multi-Source Brand	Migraines	zolmitriptan orally disintegrating tablet (generic Zomig)
Soma 350 mg tablets	Multi-Source Brand	Muscle spasms	carisoprodol 350 mg tablets (generic Soma)
Mestinon Timespan	Multi-Source Brand	Myasthenia gravis	pyridostigmine extended-release tablet (generic Mestinon Timespan)
Transderm Scop	Multi-Source Brand	Nausea & vomiting	scopolamine transdermal patch (generic Transderm Scop)
Zofran tablets	Multi-Source Brand	Nausea & vomiting	ondansetron (generic Zofran)
Ultram	Multi-Source Brand	Pain	tramadol (generic Ultram)
Arthrotec	Multi-Source Brand	Pain & inflammation	diclofenac/misoprostol (generic Arthrotec)
Naprosyn tablets	Multi-Source Brand	Pain & inflammation	naproxen tablets (generic Naprosyn, Anaprox DS), OTC ibuprofen (Advil/Motrin), OTC naproxen (Aleve)
Soriatane	Multi-Source Brand	Psoriasis	acitretin (generic Soriatane)

Strategic Benefit Coverage Exclusions¹

This is a comprehensive list of medications currently not covered under the pharmacy benefit. We do not make the decision to exclude medications from benefit coverage lightly. A medication is only excluded when it offers no clinical value over other options in its class and its exclusion can be leveraged to achieve significant savings for our customers while preserving affordable choices for members. This medication is excluded for the majority of benefit plans.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Updated 8/29/2022

Medication Name	Brand and/or Generic ²	Therapeutic Use	Alternative Treatment Option(s)
Prudoxin	Multi-Source Brand	Skin conditions	betamethasone dipropionate cream 0.05% (generic Diprosone), desoximetasone cream 0.05% (generic Topicort), fluocinonide cream 0.05% (generic Lidex), mometasone furoate cream 0.1% (generic Elocon), triamcinolone acetonide cream 0.5% (generic Aristocort)
Rozerem	Multi-Source Brand	Sleep	ramelteon (generic Rozerem)
Ingrezza	Single Source Brand	Tardive dyskinesia	Austedo
Valcyte oral solution	Multi-Source Brand	Viral infections	valganciclovir oral solution (generic Valcyte)
Hycodan	Multi-Source Brand	Cough & cold	hydrocodone/homatropine (generic Hycodan)
Cataflam	Multi-Source Brand	Pain & inflammation	diclofenac tablets (generic Cataflam, generic Voltaren)
Wynzora	Single Source Brand	Skin conditions	betamethasone (generic Diprosone) + calcipotriene (generic Dovonex), Enstilar, Taclonex Suspension
Ritalin tablets	Multi-Source Brand	ADHD	methylphenidate tablets (generic Ritalin)
Patanase	Multi-Source Brand	Allergies	olopatadine 0.6% nasal spray (generic Patanase)
Namenda	Multi-Source Brand	Alzheimer's disease	memantine (generic Namenda)
Isordil Titrados	Multi-Source Brand	Angina	isosorbide dinitrate 5 mg, 10 mg, 20 mg, 30 mg (generic Isordil Titrados)
Proscar	Multi-Source Brand	Benign prostatic hypertrophy	finasteride (generic Proscar)
Agrylin	Multi-Source Brand	Blood disorders	anagrelide (generic Agrylin)

UnitedHealthcare - Pharmacy Benefit

Strategic Benefit Coverage Exclusions¹

This is a comprehensive list of medications currently not covered under the pharmacy benefit. We do not make the decision to exclude medications from benefit coverage lightly. A medication is only excluded when it offers no clinical value over other options in its class and its exclusion can be leveraged to achieve significant savings for our customers while preserving affordable choices for members. This medication is excluded for the majority of benefit plans.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Updated 8/29/2022

Medication Name	Brand and/or Generic ²	Therapeutic Use	Alternative Treatment Option(s)
Tykerb	Multi-Source Brand	Cancer	lapatinib tablet (generic Tykerb)
Niaspan	Multi-Source Brand	Cholesterol/Lipid lowering	niacin extended-release (generic Niaspan)
Pravachol	Multi-Source Brand	Cholesterol/Lipid lowering	pravastatin (generic Pravachol)
Estrostep FE	Multi-Source Brand	Contraceptive	norethindrone/ethinyl estradiol 1/20-1/30-1/35 [Tilia FE, Tri-Legest FE (generic Estrostep FE)]